



CONFIRMATION STATEMENT

GM Benefits & Services Center  
gmbenefits.com  
1-800-489-4646

4.GM-H-502B ENV# GM11130490001000186

TTY Service for the Hearing or Speech Impaired  
1-877-347-5225

RICHARD F. ZMIERSKI  
4088 VILLAGER  
ORION, MI 48359

Overseas Calls

Dial your country's toll-free AT&T Direct access number, then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator.

Dear RICHARD F. ZMIERSKI:

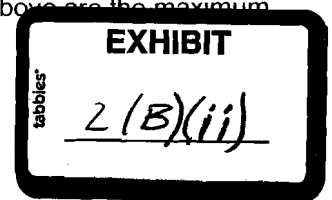
This statement confirms your 2007 benefit elections and contributions. Please review this statement carefully and retain it for your records. You can also access this information through the **Enrollment** link on **gmbenefits.com**. Once you log on, simply click on 2007 Benefits.

If you have any questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday between 7:30 a.m. and 6:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

Plan	Option	Family Status / Coverage Volume	Your 2007 Monthly Contribution	
			Pre-Tax	After-Tax
Medical	HMO Health Alliance Plan - MI (S)	Self + Family	\$100.00	\$0.00
Extended Care Coverage (ECC)	Extended Care Coverage	Self + Family	\$19.00	\$0.00
Dental	Traditional Delta Dental	Self + Family	\$23.00	\$0.00
Vision	Cole Managed Vision (S)	Self + Family	\$3.00	\$0.00
Health Care Spending Account	Flexible Spending Account - Health	\$2,400	\$200.00	\$0.00
Dependent Care Spending Account	No Coverage		\$0.00	\$0.00
Basic Life Insurance	2 X Annual Base Salary	\$220,300	\$0.00	\$0.00
Optional Life Insurance	3 X Annual Base Salary	\$330,400	\$0.00	\$218.06
Dependent Life Insurance – Spouse	No Coverage	No Coverage	\$0.00	\$0.00
Dependent Life Insurance – Child**	No Coverage	No Coverage	\$0.00	\$0.00
Personal Accident Insurance – Employee		\$100,000	\$0.00	\$1.50
Personal Accident Insurance - Spouse		\$100,000	\$0.00	\$1.50
Personal Accident Insurance - Child		\$50,000	\$0.00	\$1.60
Sickness and Accident Insurance			\$0.00	\$0.00
Extended Disability Benefits			\$0.00	\$0.00
Flexible Compensation Plan	4 Paid Days Off + Cash Lump Sum	\$1,200	\$0.00	\$0.00
Financial Planning	No Coverage		\$0.00	\$0.00
Subtotals			\$345.00	\$222.66
TOTAL MONTHLY CONTRIBUTIONS				\$567.66

**Note:** The (S or RS) after a benefit option is used for administrative purposes only.

**\*\* The election you have made requires Proof of Good Health.** The coverage amounts shown above are the maximum amount of coverage allowed without Proof of Good Health.



DEPENDENT INFORMATION

This section lists your dependents on record as of January 1, 2007. Please be advised that this statement is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the eligibility requirements under the General Motors Salaried Health Care Program. For assistance in determining dependent eligibility under the programs available to you, see the Guide to Dependent Eligibility, which is available online in the **Reference Library** by accessing the Health Care or Life Insurance links on **gmbenefits.com**.

**Note:** You may not alter your coverages during the year, unless you experience a life event change.

If you need to update any of the information below, you must immediately call the GM Benefits & Services Center at 1-800-489-4646, Monday through Friday between 7:30 a.m. and 6:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

No.	Name (and address if different from participant's)	Date of Birth	Relationship	Gender	Coverage			
					Medical	ECC	Dental	Vision
1	KAREN S. ZMIERSKI	11/04/1955	Spouse	F	Y	Y	Y	Y
2	JESSICA N. ZMIERSKI	09/26/1988	Child	F	Y	Y	Y	Y
3	RYAN A. ZMIERSKI	03/25/1992	Child	M	Y	Y	Y	Y

Our records show that all of your eligible dependents maintain their primary residence at the address listed on page one.

PAYMENT METHOD

By enrolling in one or more of the plans listed in this Confirmation Statement, you acknowledge and agree that:

- You will make the required contributions for such coverage to remain in force.
- GM will deduct from your pay/benefit the amount necessary, if any, to pay for your benefit elections.

WHO TO CONTACT

Plan	Option	Phone Number
Medical	HMO Health Alliance Plan - MI (S)	800-422-4641
Dental	Traditional Delta Dental	800-870-9988
Vision	Cole Managed Vision (S)	800-638-0166

# Your Current Benefits

2008

Print Close

## 2008 Benefits

These are the benefits you have as of today.

### Health Benefits

#### Medical: HMO Health Alliance Plan - MI (RS) (Self + Family)

##### You should know:

An HMO requires use of network providers. A copay is now also required for outpatient services and tests, including, but not limited to, physical therapy, lab work, x-rays, radiation, and chemotherapy.

##### Covered Dependents

Karen S. Zmierski

Jessica N. Zmierski  
Ryan A. Zmierski

##### Calendar Monthly Cost

**\$140.00**  
(After-Tax)

#### Health Savings Account: No Health Savings Account with Bank of America

##### You should know:

To take advantage of the Bank of America Health Savings Account you must enroll in either Health Savings Account PPO - BCBS or Health Savings Account PPO - CIGNA/HAP. If you are on Medicare you are not eligible to contribute to a Health Savings Account.

##### Calendar Monthly Cost

**\$0.00**

#### Extended Care Coverage (ECC): Extended Care Coverage (Self + Family)

##### You should know:

If you elect No Coverage - ECC, you are permanently excluded from future re-enrollment unless you waive medical coverage to be covered as a dependent of another GM Salaried employee or retiree who has ECC.

##### Covered Dependents

Karen S. Zmierski

Jessica N. Zmierski  
Ryan A. Zmierski

##### Calendar Monthly Cost

**\$19.00**  
(After-Tax)

#### Dental: Traditional Delta Dental (RS) (Self + Family)

##### Covered Dependents

Karen S. Zmierski

Jessica N. Zmierski  
Ryan A. Zmierski

##### Calendar Monthly Cost

**\$23.00**  
(After-Tax)

#### Vision: Cole Managed Vision (S) (Self + Family)

##### Covered Dependents

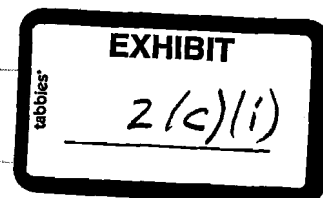
Karen S. Zmierski

Jessica N. Zmierski  
Ryan A. Zmierski

##### Calendar Monthly Cost

**\$3.00**  
(After-Tax)

### Other Benefits



**Flexible Compensation Payment (FCP): Flexible  
Compensation Payment (FCP) (4 Paid Days Off + Cash  
Lump Sum, volume: \$1,200.00 )**

Calendar  
Monthly Cost

**You should know:**

**\$0.00**

The Flexible Compensation Payment for salaried Regular Active and Flexible Service employees is being suspended for 2009. However, eligible employees will be granted additional vacation days in 2009. See "Your GM Benefits" for details.

**Accounts**

**Health Care Spending Account (HCSA): No Coverage - HCSA**

Calendar  
Monthly Cost

**\$0.00**

**Before-Tax: \$0.00**

**After-Tax: \$185.00**

**Calendar Monthly Total Cost: \$185.00**

**Important Legal and Administrative Information**

**Terms and Conditions**

By enrolling in one or more of the plans, you agree to the following terms and conditions:

You understand that General Motors will enroll you for the health care options you have selected for which you are eligible, and which you have not waived or canceled, with the appropriate carrier(s) as determined by General Motors.

You agree to make any required contributions so that health care coverage for you and your enrolled dependents remains in force. You authorize General Motors Corporation and its wholly-owned subsidiaries, until this authorization is revoked by you in writing, to deduct in advance each month from any earned or accrued wages or plan benefits due you, such amounts as may be necessary to pay the contributions as are now in effect or may be determined in the future for coverage which is now or may become available on behalf of yourself and any enrolled dependents. If in any month you are not eligible to receive any earned or accrued wages or plan benefits, you agree to pay in cash to General Motors Corporation any required contributions on or before the first of the month for which health care coverage for you or any listed dependent is to be provided. To the extent allowed by applicable law, you authorize General Motors Corporation and its wholly owned subsidiaries, or the trustee of certain General Motors Corporation Benefits funds, to deduct from any earned or accrued wages or benefits, any monies to repay health care or other benefits paid in error on behalf of you and your dependents.

**Student Status Verification**

If you have a dependent child over age 19 who is a full-time student, you need to call the GM Benefits & Services Center to verify student status.

**Dependent Information**

Our records show the dependents listed on the Dependent information screen. Please be advised that the inclusion of your dependents in this section is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the eligibility requirements under the General Motors Salaried Health Care Program. For assistance in determining the eligibility of your dependents for coverage under the program available to you, see the Guide to Dependent Eligibility, which is available in the **Reference Library**.

It is your responsibility to provide accurate and up-to-date dependent information; otherwise, coverage may not be provided to your dependent(s).

**If any health care benefits are paid on behalf of ineligible dependents, you will be responsible for repaying the overpayment. If you should fail to repay the overpayment promptly, the amount will be deducted from your other benefits or compensation, or may be recovered by other legal means.**

You are required to provide address information for your dependents who do not maintain their primary residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent has a primary residence with you, but is away from home attending school full-time, you are not required to provide address information.

Select the **Covered Dependents** tab from the **Details** link for that plan to correct or change your dependent's name or Social Security number. To change other dependent information, contact a service representative at the telephone number listed on the bottom of the screen for assistance.

**Client Information**

The information presented in this application briefly describes certain General Motors Salaried Health Care Program features, as well as other programs and benefits. It does not cover all the details about the Programs - which are found in plan documents that have the final word over any other oral or written statement. General Motors reserves the right to amend, modify, suspend or terminate any of its benefit plans or programs at any time by the action of the Board of Directors, or individual or other committee expressly authorized by the Board to take such action. This application - and the benefits described within - do not imply any guarantees.

**Making Changes During the Year**

Generally, you cannot change your benefit elections during the plan year other than annual enrollment, unless you experience a life event change.

**Terms and Conditions**

By enrolling in one or more of the plans, you agree to the following terms and conditions:

You understand that General Motors will enroll you for the health care options you have selected for which you are eligible, and which you have not waived or canceled, with the appropriate carrier(s) as determined by General Motors.

You agree to make any required contributions so that health care coverage for you and your enrolled dependents remains in force. You authorize General Motors Corporation and its wholly-owned subsidiaries, until this authorization is revoked by you in writing, to deduct in advance each month from any earned or accrued wages or plan benefits due you, such amounts as may be necessary to pay the contributions as are now in effect or may be determined in the future for coverage which is now or may become available on behalf of yourself and any enrolled dependents. If in any month you are not eligible to receive any earned or accrued wages or plan benefits, you agree to pay in cash to General Motors Corporation any required contributions on or before the first of the month for which health care coverage for you or any listed dependent is to be provided. To the extent allowed by applicable law, you authorize General Motors Corporation and its wholly owned subsidiaries, or the trustee of certain General Motors Corporation Benefits funds, to deduct from any earned or accrued wages or benefits, any monies to repay health care or other benefits paid in error on behalf of you and your dependents.

**Dependent Information**

Our records show the dependents listed on the Dependent information screen. Please be advised that the inclusion of your dependents in this section is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the eligibility requirements under the General Motors Salaried Health Care Program. For assistance in determining the eligibility of your dependents for coverage under the program available to you, see the Guide to Dependent Eligibility, available in the **Reference Library**.

It is your responsibility to provide accurate and up-to-date dependent information. It is very important that your dependent's information is accurate and up-to-date; otherwise, coverage may not be provided to your dependent(s).

**If any health care benefits are paid on behalf of ineligible dependents, you will be responsible for repaying the overpayment. If you should fail to repay the overpayment promptly, the amount will be deducted from your other benefits or compensation, or may be recovered by other legal means.**

You are required to provide address information for your dependents who do not maintain their primary residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent is away from home attending school, he or she is considered to maintain his or her primary residence with you. Therefore, you are not required to provide address information.

Select the **Covered Dependents** tab from the **Details** link for that plan to correct or change your dependent's name or Social Security number. To change other dependent information, contact a service representative at the telephone number listed on the bottom of the screen for assistance.

#### Client Information

The information presented in this application briefly describes certain General Motors Salaried Health Care Program features, as well as other programs and benefits. It does not cover all the details about the Programs - which are found in plan documents that have the final word over any other oral or written statement. General Motors reserves the right to amend, modify, suspend or terminate any of its benefit plans or programs at any time by the action of the Board of Directors, or individual or other committee expressly authorized by the Board to take such action. This application - and the benefits described within - do not imply any guarantees.

#### Making Changes During the Year

You will have the opportunity to review your health care plans in the fall for the next plan year. Generally, you cannot change your benefit elections during the plan year, except in the case of a life event change. All life event changes must be reported within 31 days.

#### Terms and Conditions

By enrolling in one or more of the plans, you agree to the following terms and conditions:

You understand that General Motors will enroll you for the health care options you have selected for which you are eligible, and which you have not waived or canceled, with the appropriate carrier(s) as determined by General Motors.

You agree to make any required contributions so that health care coverage for you and your enrolled dependents remains in force. You agree to pay in cash to General Motors Corporation any required contributions for which health care coverage for you or any listed dependent is to be provided.

#### Dependent Information

Our records show the dependents listed on the Dependent information screen. Please be advised that the inclusion of your dependents in this section is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the eligibility requirements under the General Motors Health Care Program. For assistance in determining the eligibility of your dependents for coverage under the program available to you, see the Guide to Dependent Eligibility, available in the **Reference Library**.

It is your responsibility to provide accurate and up-to-date dependent information; otherwise, coverage may not be provided to your dependent(s).

**If any health care benefits are paid on behalf of ineligible dependents, you will be responsible for repaying the overpayment. If you should fail to repay the overpayment promptly, the amount will be deducted from your other benefits or compensation, or may be recovered by other legal means.**

You are required to provide address information for your dependents who do not maintain their primary residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent has a primary residence with you, but is away from home attending school full-time, you are not required to provide address information.

Select the **Covered Dependents** tab from the **Details** link for that plan to correct or change your dependent's name or Social Security number. To change other dependent information, contact a service representative at the telephone number listed on the bottom of the screen for assistance.

#### Client Information

The information presented in this application briefly describes certain health care Program features, as well as other programs and benefits. It does not cover all the details about the Programs - which are found in plan documents that have the final word over any other oral or written statement. General Motors reserves the right to amend, modify, suspend or terminate any of its benefit plans or programs at any time by the action of the Board of Directors, or individual or other committee expressly authorized by the Board to take such action. This application - and the benefits described within - do not imply any guarantees.

#### Making Changes During the Year

You will have the opportunity to review your benefits in the fall for the next plan year. Generally, you cannot change your benefit elections during the plan year, except in the case of a life event change.

NetBenefits<sup>®</sup> provided by



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## YOUR RETIREMENT BENEFITS PREVIEW

GM Benefits & Services Center  
gmbenefits.com  
1-800-489-4646

4 GM-H-457A ENV# GM09250739001001994

RICHARD F. ZMIERSKI  
4088 VILLAGER  
ORION, MI 48359

TTY Service for the Hearing or Speech Impaired  
1-877-347-5225

### Overseas Calls

Dial your country's toll-free AT&T Direct® access number then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator.

STATEMENT DATE: September 24, 2008

Dear RICHARD F. ZMIERSKI:

This Preretirement Modeling Statement includes a listing of the health care coverage that may be available to you upon retirement depending on your eligibility for such benefits, the projected date of your retirement and/or your current address. If you modeled more than one retirement date, you will see the plans associated with each scenario listed separately. If you want to see what plans would be available if you were to move (based on your new zip code), please call the GM Benefits & Services Center, and select option 3.

\* If you do not want to make any changes to your health care plans prior to your retirement date, no action is necessary at this time. You will keep the same plans you had as an active employee, unless you need to choose a medical plan that coordinates with Medicare.

\* If you want or need to make a change to your health care plans, you may make your health care elections for coverage in retirement by calling the GM Benefits & Services Center at this time. The elections that you make will take effect on the date you retire and a Confirmation Statement will be mailed to your home confirming your health care elections.

Once you retire, you will receive a Personal Fact Sheet similar to this statement, and retirement enrollment materials. You may also review Your Benefits in Retirement booklet (Summary Plan Description) which is available online in the Reference Library in the Health & Insurance link. To access the guide and other retirement information go to [gmbenefits.com](http://gmbenefits.com) and click the Health Care link. Once you log on, click the Reference Library.

\* You will receive information on your life insurance coverage from MetLife upon your retirement.

If you have a service date prior to January 1, 1993, under the current plan rules, a reduction in your Basic Life Insurance coverage will occur on your date of retirement and again on your 10th anniversary of retirement. On the date of retirement your coverage will reduce to 1 times your annual base salary and will reduce an additional 50% 10 years later. You may decrease or cancel your contributory life insurance coverages; however, you may not increase your coverage or enroll in new coverage.

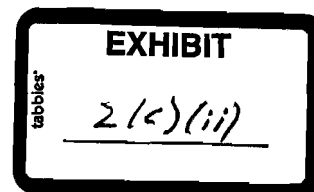
You will select your payment method during your retirement initiation process. At that time you will be offered two payment methods to choose from: either monthly after-tax retirement check deductions or monthly invoices. If the amount in your retirement check is not sufficient to cover this cost, then monthly invoices will be sent to you and you will be responsible for making the monthly contribution payments for your elected benefits. Your authorization applies for as long as you have coverage, even though the contribution amount may change each year. You may change your payment method authorization at any time. To request a form to authorize or to revoke authorization, contact the GM Benefits & Services Center.

All other coverage will terminate on the last day of the month in which you retire.

You may cover your eligible dependents who were on file prior to your retirement. If you have any questions regarding dependent eligibility, please call the GM Benefits & Services Center or review the Guide to Dependent Eligibility, located in the Reference Library.

4 GM-H-457A  
3 GM-H-444A/ 319991.001

[gmbenefits.com](http://gmbenefits.com)  
Page 1



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Our records show the dependents listed below. Please be advised that this statement is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the eligibility requirements under the General Motors Salaried Health Care Program . For assistance in determining dependent eligibility under the programs available to you, see the Guide to Dependent Eligibility, which is available online in the **Reference Library**.

It is your responsibility to provide accurate and up-to-date dependent information; otherwise, coverage may not be provided to your dependent(s). **If any health care benefits are paid on behalf of ineligible dependents, you will be responsible for repaying the overpayment. If you should fail to repay the overpayment promptly, the amount will be deducted from your other benefits or compensation or may be recovered by other legal means.**

You are required to provide address information for your dependents who do not maintain their primary residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent has a primary residence with you, but is away from home attending school full-time, you are not required to provide address information.

**If you need to correct any of the information below\* or if any of your eligible dependents do not maintain their primary residence at the address on the first page of this Personal Fact Sheet**, you may correct the information by clicking the Health Care links on gmbenefits.com. If you do not have Internet access, call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday between 7:30 a.m. and 6:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

**\* You may correct the following information for a dependent by logging on to gmbenefits.com: First Name, Middle Initial, Last Name, Gender and Address (US Only).**

No.	Name (and address if different from participant's)	Date of Birth	Relationship	Gender	Coverage			
					Med	ECC	Den	Vis
1	KAREN S. ZMIERSKI	11/04/1955	Spouse	F	Y	Y	N	Y
2	JESSICA N. ZMIERSKI	09/26/1988	Child	F	Y	Y	N	Y
3	RYAN A. ZMIERSKI	03/25/1992	Child	M	Y	Y	N	Y

Our records show that all of your eligible dependents maintain their primary residence at the address listed on page one.



2009

**From:** GM BENEFITS AND SERVICES CENTER <BenefitsCenter@Fidelity.com>  
**To:** RICHARD F ZMIERSKI <rfzmierski@comcast.net>  
**Subject:** Your Health and Insurance Enrollment Confirmation  
**Date:** Tuesday, November 18, 2008 9:11:59 PM

Your Health & Insurance

**ENROLLMENT IS COMPLETE**

You have successfully completed your benefit elections for the following event: 2009 Enrollment.



Your elections were saved on November 18, 2008 at 9:07:38 PM EST, and your confirmation number is 083232107388884W.

For more information about the benefits that you have elected go to [www.gmbenefits.com](http://www.gmbenefits.com). Once you log on, select the **Health & Insurance** tab, and click on **2009 Benefits**. For specific questions about claims or covered services, contact your carrier directly. Carrier information can be found on the **Who to Contact** link, also located on the **Health & Insurance** tab.

Sincerely,

The GM Benefits and Services Center

This message has been sent to you at the request of your employer to inform you of your health and insurance benefit elections.

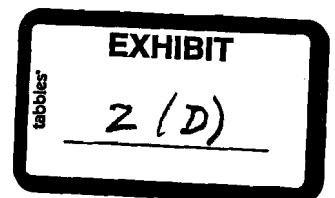
Please do not reply to this message.

All rights reserved. [Privacy Policy](#)

D 01/05/04 4611 p02 r05

Your workplace benefits account is currently set to send e-mails of the following type: Confirmations of One-Time Transactions. To change this e-mail setting click: [Stop receiving e-mails of this type](#). Note: You will be required to log in to NetBenefits.

Reference ID: 3012818738



<http://mailcenter2.comcast.net/wmc/v/wm/4926F381000801D300003C6E220076369207059C9...> 11/21/2008

1 Review Your Dependent Information


2 Review, Research or Update Your Benefits

3 Confirmation of Your Benefit Elections

## Confirmation of Benefit Elections for Richard Zmierski

You have successfully submitted your elections. Your benefit elections were saved on November 18, 2008 at 9:07:38 PM ET. Your confirmation number is **083232107388884W**.

Please take a few more minutes to complete our [Survey](#). It should take no longer than 1 minute.

[Print this confirmation for your records.](#) 

[Return to the Health & Insurance Home Page](#)  
**Health Benefits**

### Medical: HMO Health Alliance Plan - MI (RS) (Self + Family)

#### You should know:

An HMO requires use of network providers. A copay is now also required for outpatient services and tests, including, but not limited to, physical therapy, lab work, x-rays, radiation, and chemotherapy.

#### Covered Dependents

Karen S. Zmierski  
Jessica N. Zmierski  
Ryan A. Zmierski

#### Calendar Monthly Cost

**\$195.00**  
(After-Tax)

### Health Savings Account: No Health Savings Account with Bank of America

#### You should know:

To take advantage of the Bank of America Health Savings Account you must enroll in either Health Savings Account PPO - BCBS or Health Savings Account PPO - CIGNA/HAP. If you are on Medicare you are not eligible to contribute to a Health Savings Account.

#### Calendar Monthly Cost

**\$0.00**

### Extended Care Coverage (ECC): Extended Care Coverage (Self + Family)

#### You should know:

If you elect No Coverage - ECC, you are permanently excluded from future re-enrollment unless you waive medical coverage to be covered as a dependent of another GM Salaried employee or retiree who has ECC.

#### Covered Dependents

Karen S. Zmierski  
Jessica N. Zmierski  
Ryan A. Zmierski

#### Calendar Monthly Cost

**\$19.00**  
(After-Tax)

### Dental: Traditional Delta Dental (RS) (Self + Family)

#### Covered Dependents

Karen S. Zmierski  
Jessica N. Zmierski  
Ryan A. Zmierski

#### Calendar Monthly Cost

**\$28.00**  
(After-Tax)

### Vision: Cole Managed Vision (S) (Self + Family)

#### Covered Dependents

Karen S. Zmierski

#### Calendar Monthly Cost

**\$9.00**  
(After-Tax)

**Before-Tax: \$0.00**

**After-Tax: \$251.00**

**Calendar Monthly Total Cost: \$251.00**